

**OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT**

Foster Family Homes, Small Family Homes, Certified Family Homes

*Complete both pages and sign on page 2.***I. OUT-OF-STATE DISCLOSURE**

Foster Family Homes, Small Family Homes, Certified Family Homes, and approved homes at time of application only

Have you lived in a state other than California within the last five years? ☐ YES ☐ NO

If YES, identify each state and complete an LIC 198B for each state listed:

**II. CRIMINAL RECORD STATEMENT**

Foster Family Homes, Small Family Homes, Certified Family Homes

*State law requires that a person associated with licensed facilities or approved homes be fingerprinted, and disclose any conviction. A conviction is a plea of guilty, nolo contendere (no contest), or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you have.*Have you ever been convicted of a crime in California? ☐ YES ☐ NOHave you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.? ☐ YES ☐ NO

For Foster Family and Certified Family Homes only:

**Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse?**☐ YES ☐ NOCriminal convictions from another State or Federal court are considered the same as criminal convictions in California

If YES, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

|                                                                                                                                                                                                                                       |                               |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------|
| I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct. |                               |                 |
| FACILITY OR CAREGIVER NAME                                                                                                                                                                                                            |                               | FACILITY NUMBER |
| YOUR NAME (Print clearly)                                                                                                                                                                                                             |                               |                 |
| YOUR ADDRESS (street, city, zip)                                                                                                                                                                                                      |                               |                 |
| SOCIAL SECURITY NUMBER<br><small>(SEE PRIVACY STATEMENT ON REVERSE)</small>                                                                                                                                                           | DRIVER'S LICENSE NUMBER/STATE | DATE OF BIRTH   |
| SIGNATURE                                                                                                                                                                                                                             |                               | DATE            |

## INSTRUCTIONS TO RESPONDENT:

*If you have been convicted of a crime in California, another state, or in federal court, provide the following information:*

**What was the offense?** \_\_\_\_\_

\_\_\_\_\_

**In which state and city did you commit the offense?** \_\_\_\_\_

\_\_\_\_\_

**When did this happen?** \_\_\_\_\_

**Tell us what happened.** (Use additional paper if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify under penalty of perjury that the above information is true and correct to the best of my knowledge*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you have any questions about this form, please contact your local licensing regional office or approval agency.

## INSTRUCTIONS TO LICENSEES ONLY:

*If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.*

## INSTRUCTIONS TO REGIONAL OFFICES AND FOSTER FAMILY AGENCIES:

*If the person discloses that they have lived in another state within the last five (5) years, send this form and LIC 198B(s) by fax, mail or email to the Caregiver Background Check Bureau, 744 P Street, MS 19-62, Sacramento, CA 95814, fax number (916) 274-6205, email address: [CBCBOutOfStateCACI@dss.ca.gov](mailto:CBCBOutOfStateCACI@dss.ca.gov).*

## **PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be approved, licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871; Welfare and Institutions Code section 361.4) The licensing or approval agency will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**DOCUMENTED ALTERNATIVE PLAN  
FOSTER FAMILY HOMES  
(BEDROOMS)**

APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Bedrooms (Section 89387(a)) Discussion of Alternative Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Child

Sex

Date of Birth

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Placement Worker's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Did the Placement Worker approve the Documented Alternative Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Caregiver/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW**

- ☐ Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ This alternative plan is denied based on the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office

**DOCUMENTED ALTERNATIVE PLAN  
FOSTER FAMILY HOMES  
(TELEPHONES)**

APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Telephones (Section 89373) Discussion of Alternative Plan:

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Caregiver/Applicant Signature

Date

**FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW**

- ☐ Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

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- ☐ This alternative plan is denied based on the following:

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Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office